

CDC Newsroom

Transcript for CDC Media Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)

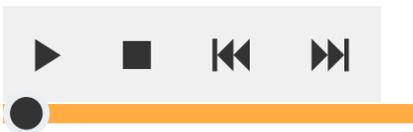
Press Briefing Transcript

Friday, January 31, 2020

- [Audio recording](#)  [MP3 – 4 MB]

Please Note: This transcript is not edited and may contain errors.

Telebriefing Audio



Operator: Welcome and thank you all for standing by. All participants will be on a listen-only mode until the question and answer session of today's call. At that time, you can press star one to ask a question from the phone line. And I'd also like to inform parties that the call is being recorded. If you have any objections you may disconnect at this time. I'd now like to turn the call over to Mr. Benjamin Haynes. You may begin.

Ben Haynes: Thank you, Sarah. And thank you all for joining us for this briefing to update you on the 2019 Novel Coronavirus Response. We're joined today by Dr. Nancy Messonnier, Director of CDC's National Center for Immunization and Respiratory Diseases and Dr. Marty Cetron, Director of CDC's Division of Global Migration and Quarantine. They will update you on CDC's response to this novel coronavirus. Dr. Messonnier will give an update before taking your questions.

Dr. Nancy Messonnier: Thank you for joining us today. Yesterday the World Health Organization declared a Public Health Emergency of International Concern for this novel coronavirus outbreak, which has demonstrated the capacity to spread globally. This is a very serious public health situation, and CDC and the Federal Government has and will continue to take aggressive action to protect the public. We are coordinating closely across HHS with the whole of government and the White House. If we take strong measures now, we may be able to blunt the impact of the virus on the United States. Here are the facts as we know them today. Every day this week China has reported additional cases. Today's numbers are a 26% increase since yesterday. Over the course of the last week, there have been nearly 7,000 new cases reported. This tells us the virus is continuing to spread rapidly throughout China. The reported deaths have continued to rise as well, and additional locations outside China have continued to report cases. There has been an increasing number of reports of person-to-person spread. And now most recently, a report from the new England journal of medicine of asymptomatic spread. While we still don't have the full picture and we can't predict how this situation will play out in the U.S., the current situation, the current scenario is a cause for concern. I understand how this may cause people to be worried about this new virus and how it could affect

them. We must be proactive and aggressive, but we want to reassure you that our actions are evidence-based and we believe, appropriate to the current circumstances. At this moment CDC staff are speaking with the repatriated individuals in California to let them know that CDC under statutory authority of the HHS Secretary has issued federal quarantine orders for all 195 passengers. The quarantine will last 14 days from when the plane left Wuhan, China. This decision, which has been deliberated at CDC by our most expert staff with previous experience working on multiple outbreaks and pandemics, is based on the current scientific facts. While we recognize this is an unprecedented action, we are facing an unprecedented public health threat. And this is one of the tools in our toolbox to mitigate the potential impact of this novel virus on the United States. This legal order is part of an aggressive public health response, the goal of which is to prevent, as much as possible, community spread with this novel virus in the United States. This legal order will also protect the health of the repatriated individuals and protect their families and their communities. These individuals will continue to be held at the March Air Reserve Base in Ontario, California. We do not believe their presence on the base poses a threat to the residents of Ontario. This is a respiratory virus, which means it's spread through things like respiratory droplets. Medical staff will continue to monitor the health of each traveler including temperature checks and observation for respiratory symptoms. Medical care will be readily available at the first onset of symptoms. Even if an initial screening test comes back negative from CDC's laboratory, it does not guarantee these individuals will not get sick. We are preparing as if this were the next pandemic, but we are hopeful still that this is not and will not be the case. This is the first time in over 50 years that CDC has issued a quarantine order. While we understand this action may seem drastic, our goal today, tomorrow, and always continues to be the safety of the American public. We would rather be remembered for overreacting than underreacting. I want to reiterate that everyone does have a role to play as we work together to contain the spread of this virus. Stay informed. CDC is updating its website daily with the latest information and advice for the public. Remember to take everyday preventive actions that are always recommended to prevent the spread of respiratory viruses. We do not currently recommend the use of face masks for the general American public. This virus is not spreading in your communities. While it is cold and flu season, we don't routinely recommend the use of face masks by the public to prevent respiratory illness, and we are certainly not recommending that at this time for this novel virus. We understand the recent recommendations are concerning. The actions of the Federal Government – the actions that the Federal Government is taking are science-based with the aim of protecting the health and safety of all Americans. Please do not let fear or panic guide your actions. For example, please do not assume that just because someone is of Asian descent that they have this new coronavirus. There are about 4 million Chinese-Americans in this country. We recognize the uncertainty of the current situation. As always, CDC public health experts drive to make the best recommendations on the most up-to-date data which will continue to inform our guidance. We have extensive guidance and information on our website at www.cdc.gov/ncov. We'd be happy to take your questions at this time now.

Operator: Thank you. At this time if you would like to ask a question, please press star one. Please be sure to unmute your phone and record your name at the prompt so that I may introduce you for your question. Also please limit to one question and one follow-up question. Once again, it is star-one to ask a question. Our first question comes from Denise Grady with New York Times, your line is now open.

Denise Grady: Thank you, Dr. Messonnier. The question I'd like to ask, just to be absolutely certain of why this is being done now rather than it hasn't been done with any of the people who came in on planes before. Is it because of the increased spread in China and also because of the asymptomatic spread? Are those really what prompted it? And did this decision originate within CDC, or did it come from some other level of government?

Dr. Nancy Messonnier: Thanks for that question and the opportunity to clarify. This outbreak continues to evolve day by day, and every one of these teleconferences we've said that as new information becomes available, we'll have to re-evaluate our guidance. As we have proceeded through this very long week, what has become clear is that the magnitude of the scope – magnitude and scope of this epidemic in China is increasing, and the epicenter of it

continues to be Hubei. While flights from Hubei have decreased since the closure of the airport in Wuhan, these returning travelers are coming directly from the epicenter. So, it is their where they are coming from. But in addition, the emerging evidence this week of the growth and spread of this outbreak, the increase in deaths, and the incoming data about person-to-person transmission as well as concerning reports about asymptomatic spread. All of that data taken together has led CDC to make evidence-based recommendations, and this has been driven from the perspective of CDC by scientifically evidence-based recommendations from CDC experts who have been working on exactly these kinds of issues for many years. So, I'll stop there.

Ben Haynes: Next question, please.

Operator: Next question comes from Andrew Joseph with STAT. Your line is open.

Andrew Joseph: Hi, yeah. Can you just explain a little bit scientifically how a test can come back negative, and maybe the person still has a virus, or might get sick later? And how does the report of asymptomatic transmission from Germany, how is that changing sort of broader U.S. response beyond this quarantine measure? Thanks.

Dr. Nancy Messonnier: Sure. And I think it's really important to clarify, because I think our screening of people's nose with this test has been misunderstood. This test was developed at CDC. It's a test that was developed specifically to identify people who are ill with novel coronavirus. The issue is that we don't know the sensitivity, specificity, and positive predictive value of that test when we're using it in people who aren't yet sick. So, we're looking in somebody's nose to see if they have the novel coronavirus there. But it's possible, for example, that somebody already is asymptotically incubating the disease. We cannot, with the testing that we have now available at CDC, identify people in that phase, and I think that makes us concerned that this test, which is a point-in-time single test shouldn't be relied upon to make a prediction at an individual level as to whether somebody's going to – as to whether we can predict that person will become ill. So that's the answer to the first question. The answer to the second question, in addition to the issue of these repatriated travelers, we have been with our State Health Departments very forthright and aggressive in identifying potential contacts around cases. Using U.S. data, the thing that we are looking at most closely is if we can look at the contacts of confirmed cases and whether they're spread around those contacts to help us better understand transmission dynamics. But it's going to be equally important, and we're very excited that there's going to be a team now going into China to look at their data, because the data at the epicenter of disease is perhaps the best data right now that will help us know how to interpret this asymptomatic transmission. We need to know if that – how that is impacting the drivers of the outbreak and what role that has in the community transmission in China.

Ben Haynes: Next question, please.

Operator: Our next question comes from Mike Stobbe with Associated Press. Your line is now open.

Mike Stobbe: Hi. Thank you for taking my call. I was wondering, somebody tried to leave March Air Force Base and then a county quarantine order was issued. Has anyone else tried to leave since then? Was that part of the decision making? Also, are there any more flights that are going to be routed to air force bases moving forward? Are you going to deal with every flight from now on going through a military facility and the people being quarantined in an I'm sure you all have extensive discussions about the pros and cons of quarantine, and can you talk about the cons the things that made you hesitate to take this kind of action? And finally, I'm sorry, could you tell us, is this novel coronavirus deadlier than seasonal flu?

Dr. Nancy Messonnier: Okay. So that was four questions and that's fine, but I'm going to take two of them and then Dr. Cetron is going to take two of them. So, the question about the severity of disease, I guess is a good place to start. And what I would say in terms of severity of disease is, the information that's coming in from China suggests that there is significant mortality associated with this disease. However, it is very difficult to use that information to calculate a case fatality ratio, and the case fatality ratio for flu differs year by year. We also know that there are biases in reporting of diseases in general. We have found that more severe disease tends to be reported first, which may throw off a calculation. We also understand that the initial case definition in China really focused on patients with pneumonia. And so, it's not clear what the case fatality – the true case fatality ratio is right now. Therefore, it's difficult to compare the flu. But what I would say is that there clearly are deaths being reported out of China, and that's concerning. I'll answer also the question of future repatriation. As I presume folks know, the State Department has already announced they will be repatriating additional travelers from Wuhan. We are working closely with them to determine how those travelers will be – will be processed and what our operations will be when they're back in the United States. When we have that more finalized, we will definitely be providing that information, but we're not prepared today to go in detail about how that operation will proceed. Then for your other two questions, Dr. Cetron, do you want to handle this?

Dr. Marty Cetron: Sure. Thanks, Mike. You asked about the use of this measure. And, as Nancy said, we believe that this approach of having quarantine for the incubation period offers the greatest level of protection for the American public in preventing introduction and spread. And that is our primary concern. Prior epidemics actually suggest that people will be – when they're properly informed, are usually very compliant with this request to restrict their movement. There are benefits to the individual. This allows someone who would become symptomatic to be rapidly identified. And, you know, as these symptoms are not specific, there are many other things. So, offering early rapid diagnosis of their illness could alleviate a lot of anxiety and uncertainty. In addition, this is a protective effect on family members. No individual wants to be the source of introducing or exposing a family member or a loved one to their virus. And, additionally, this is a part of their civic responsibility to protect their communities. Many of the people coming out have been diplomats that are serving America overseas. So, they understand this. In fact, when they arrived at Anchorage prior to getting to the base, they were exuberant and elated to be out of harm's way, and the idea of the quarantine was not the thing that was troubling them. So, I think that's the example of why this is a good thing. Clearly, there are cons. If they're not done properly, if it induces fear and stigma of individuals, if people aren't treated with dignity and respect and have all the supportive care, that's not the way to implement this tool in our toolkit, and we're taking every measure possible to make sure that these people are treated with dignity and respect. Oh, you asked if other people have tried to leave. To our knowledge, when people express some concern, we do talk to them about these risk benefit issues, and they basically say, yeah, it sounds right. This one person who tried to leave was, you know, offered a sort of a California quarantine order in order to enhance that level of protection. But that is not the driving force of this decision. So, this decision is made with deliberation about the nature of the epidemic and the virus, not about any one individual's behavior. Thanks.

Ben Haynes: Next question, please?

Operator: Our next question comes from Rob Stein with NPR. Your line is now open.

Rob Stein: Thanks very much for taking my call. My question is – a couple of questions. If you can give us a little bit more detail about that one person, what exactly happened with them. And the other question I had was you said this is the first time in 50 years that this quarantine order has been issued. When was the last time and what were the details and circumstances of that? And I just want you to clarify, I didn't quite understand the question about other planes coming in. Will the same thing happen with passengers on other planes coming in?

Dr. Nancy Messonnier: Again, we're not going to provide more detail about this one individual. That is something that we're just not going to speak to more now. In terms of the other planes, again, as we said, this situation continues to evolve, and our guidance, our operations, our implementation continues to evolve rapidly as we try to synthesize the risk. We've made this decision. We understand its historical significance. We are working with the State Department to fully understand these other repatriated individuals. And as we develop more concrete plans you will certainly know them. There are active conversations going on while we are at this teleconference on this issue, and when it's worked out in more detail, we will be communicating that.

Dr. Marty Cetron: In terms of the historical context, I think maybe it's important for people to understand the difference between isolation and quarantine. Isolation is a public health tool that's used when we restrict the movement of someone who's already sick with a specific illness. Quarantine is basically when we have a recommended movement, restriction, or some kind of conditions on that movement for people who are exposed and not yet sick. So, while there have been several isolation orders over the last many years, the last time the quarantine was used for a suspect case was in the 1960s for a smallpox evaluation. So, I hope that helps.

Ben Haynes: Next question, please?

Operator: Our next question comes from Robert Langreth with Bloomberg News. Your line is now open.

Robert Langreth: Hi. I just wanted to ask, so what happens to the remaining commercial flights coming from China? What kind of screening and/or situation are you going to put on them? Is that going to be enhanced? Because I guess many of the flights are shutting down. But there are still a bunch coming in, in the next few days. And I think this virus is now in 50, 100 cities in China now. What steps are you doing for the remaining commercial flights coming in, and are you enhancing that?

Dr. Marty Cetron: At this point we're evaluating the appropriate strategy in light of the new information. There is nothing to share at this point. And when there is something to share, we will.

Ben Haynes: We have time for one more question, please.

Operator: Then our last question comes from Lisa Krueger with San Jose Mercury News.

Lisa Krueger: Thank you. I wonder if you can clarify if all these passengers have been tested and those tests have come back negative, presumably? And then a follow-up of how the quarantine is enforced.

Dr. Nancy Messonnier: I'll take the first question. As we have tried to emphasize in my comments today, screening with a laboratory test in this setting does not help us identify people, clearly, who are going to be going on to illness. That is, a negative result on a test will not help us confirm that people are safe from this disease. No, all the test results are not back, and when we have them back, we will be communicating them first to the health care workers who are working with this community, 195 people. But please remember that we do not believe that a negative result on this test means that somebody is out of danger for developing this disease, nor for communicating it to someone else.

Dr. Marty Cetron: With regard to your question about enforcement, the truth is, as I indicated before and prior experience in SARS, for example, in Toronto, in SARS over 99% of the persons, once educated and assured and reassured, didn't need any legal enforcement. So, while that may be available to the very few people when indicated

the best way to enforce a quarantine is to educate people on its purpose and educate what the benefits are for the individuals who cooperate. These are American citizens who clearly want to do the right thing. And in contrast to their experience in Wuhan, this is a much better scenario for them. Thank you.

Dr. Nancy Messonnier: And we should take the opportunity to thank them for their cooperation. We understand that this is a difficult situation for them. They've been through an ordeal. And we're asking them to take the time with us to make sure that they're protecting their families and their communities, and we really admire their flexibility and resilience.

Ben Haynes: Thank you, Dr. Messonnier. And thank you, Dr. Cetron. Thank you all for joining us for today's update. Please visit CDC's 2019 novel coronavirus website for continued updates. And if you have further questions please contact the main media line at 404-639-3286 or email media@CDC.gov. Thank you.

Operator: This concludes today's call. Thank you all for participating. You may disconnect your lines at this time.

###

[U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES](#) 

CDC works 24/7 protecting America's health, safety and security. Whether disease start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.